Ensuring Access to Behavioral Healthcare: Community Center COVID-19 Response

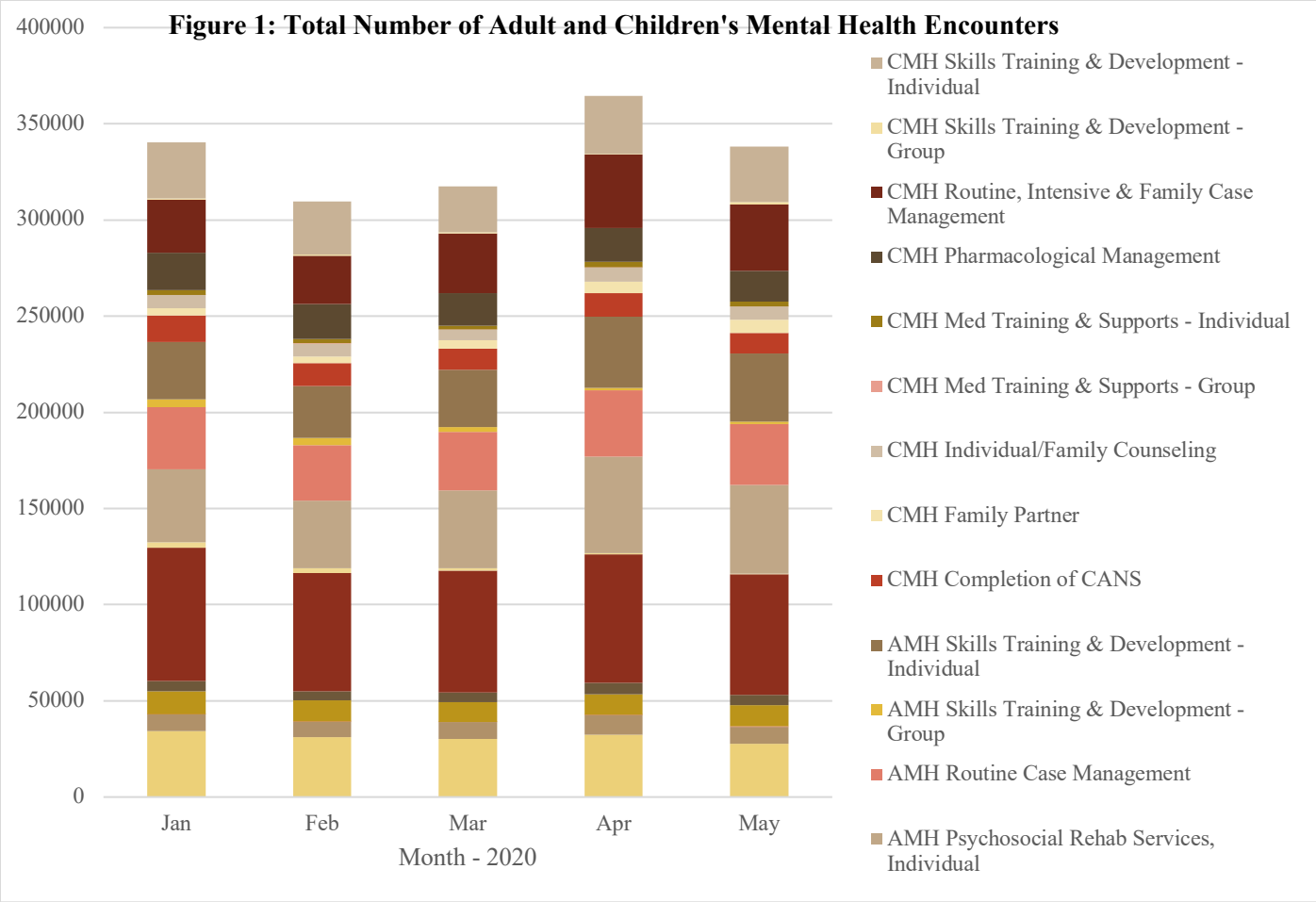
Texas Council of Community Centers

Introduction

In response to the COVID-19 pandemic, Community Centers across Texas pivoted rapidly from primarily delivering in-person services to utilizing expansive use of remote technology. This shift represents an extraordinary, statewide effort to ensure access to vital services.

The COVID-19 public health emergency required Community Centers to perform a high wire act in two parts: first responding to heightened mental health needs exacerbated by illness, fear, social and economic hardship; and second transforming services to remote delivery –safely providing necessary care while preventing spread of COVID-19.

Community Centers achieved a remarkable feat, sustaining continuity of care for people across the full range of adult and children's mental health services. A precipitous drop in total contacts with clients could be expected starting in March 2020, as social distancing measures were implemented; Community Centers instead fully utilized remote technology and continued to provide services at sustained, and sometimes even increased, levels.



Legislative leaders and state agency decision-makers are beginning to evaluate pandemic-driven healthcare adaptations to determine which should be retained for longer-term. We urge policymakers to support ongoing, flexible use of technology as an option for individuals accessing care. Allowing an option for virtual services (via tele-video and telephone) will bolster access to care as we navigate the uncertain path ahead, even after the declaration of a public health emergency has passed.

Heightened Mental Health Needs

The current public health emergency and resulting shelter-in-place orders launched a multitude of challenges for mental health providers. While drivers of mental distress, such as social and economic strain, job losses, illness, and trauma are on the rise, normal compensatory activities, including attending church, socializing with friends, exercising at the gym, and participating in group activities have evaporated. Everyday tasks are radically altered and laced with an undercurrent of fear and uncertainty. In order to curb the spread of the virus, people have been driven indoors where the potential for interpersonal conflict, family violence, and substance addiction relapses escalates due to the frustrations of living and working in close quarters.

> "Preparing support systems to mitigate mental health consequences as the pandemic evolves will continue to be needed urgently." –Czeisler, *et.al*; see endnote 1.

A preliminary research study, published by the U.S. Centers for Disease Control and Prevention (CDC), reported significantly elevated levels of adverse mental health conditions, substance use, and suicidal thoughts among a sample of American adults in June 2020.[i] These mental health challenges can be associated with the spread of COVID-19, associated social distancing measures, and stay-at-home orders.

Nearly half of survey respondents reported at least one adverse mental health or behavioral health condition, including:

- Symptoms of anxiety or depression (31%)
- Symptoms of trauma and stressor-related disorder related to the pandemic (26%)
- Started or increased substance use to cope with stress or emotions related to COVID-19 (13%)
- Seriously considered suicide (11%)

Not only are more people experiencing an increase in mental health issues, but those seeking care, including people with increased substance use and individuals with intellectual and developmental disabilities, tend to experience higher acuity levels than under other circumstances. As described by a Center representative, concerns about exposure in a clinic setting or through interactions with healthcare providers, means "many people are waiting until they are in crisis before seeking help. As a result, many of the people presenting for care are experiencing acute levels of need that require immediate intervention."[ii]

Varied Picture across the State

Experiences of Community Centers and the people they support vary across the state. While urban counties were hit hard early on and continue to face large numbers of reported cases of COVID-19, some counties still experience few cases.

This variation in experience has driven differences in operational response. Some Centers experienced total or near shutdown of facilities, with cessation of all but the most critical in-person services. These Centers relied on comprehensive utilization of remote service delivery to continue to provide services. Other Centers kept facilities open, approximating business as usual, with harm reduction and social distancing measures in place.

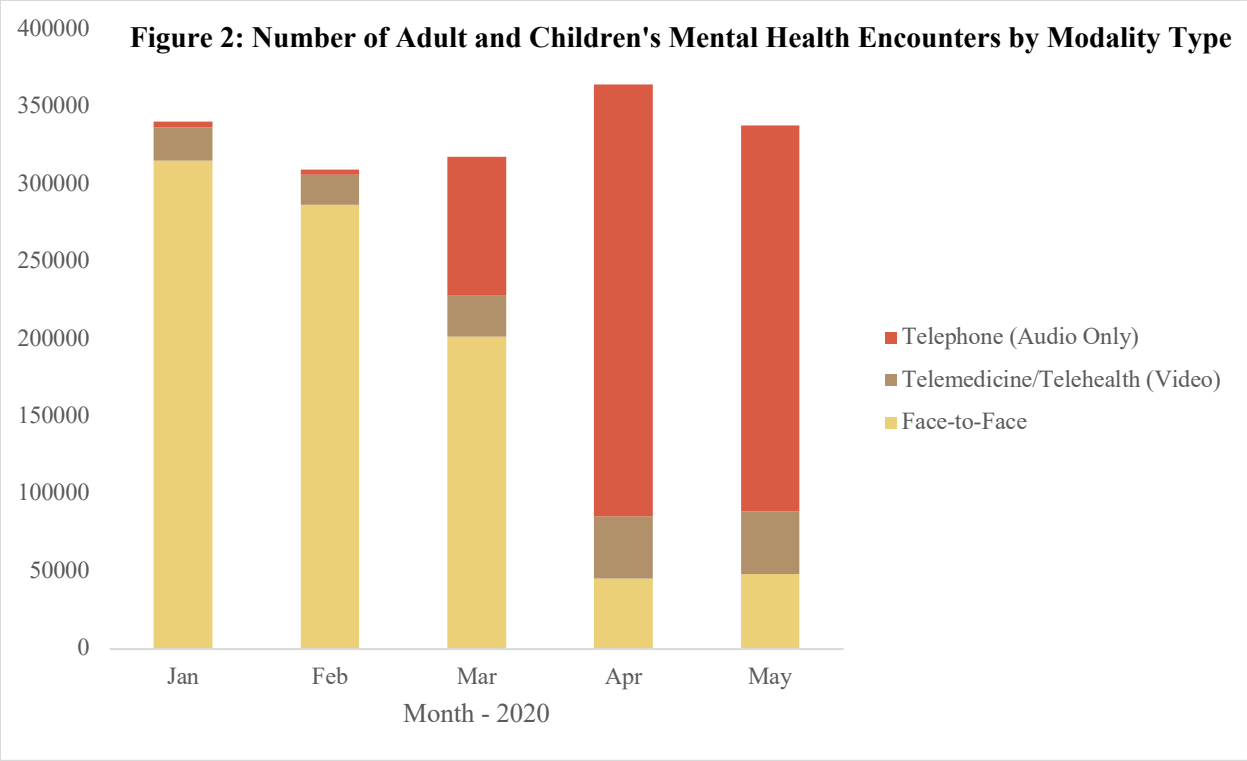
Additionally, at the onset of the public health emergency, Community Centers were at different points in utilization of existing remote service delivery options. Some Centers were early adopters of telemedicine capabilities for provider services, while others, due to funding limitations or technological barriers, had yet to fully implement. Anticipating the needs and gaps in delivering remote services, Community Centers partnered on protocols, shared resources and expanded the scope across program areas addressing the challenges of persons seeking care.

Shift to Remote Service Delivery

In March 2020, Community Centers transformed service delivery to meet state and local requirements for social distancing. Prior to the pandemic, many Centers invested in expanded technology infrastructure and telehealth platforms. These investments were made possible by the state's Delivery System Reform Incentive Payment (DSRIP) program, authorized under Texas' 1115 Transformation Waiver. Thanks to expanded availability of telehealth and other technology through DSRIP projects, Community Centers were able to rapidly implement video and audio-only service to ensure sustained access to outpatient mental health treatment.

Psychiatry, medication management, counseling, and case management are now integrated into people's lives in new ways, allowing individuals to remain in the safety of their own homes while continuing to benefit from necessary services. This initial shift would not have been possible without the leadership of state officials who moved expeditiously to take advantage of regulatory flexibility granted under the federal emergency declaration.

Figure 2 below demonstrates the shift from a primarily in-person model of care, as reflected in January and February 2020, to a model increasingly utilizing remote technology beginning in March 2020, at the outset of the pandemic.



Quality of Care

Many regard the rapid expansion of remote healthcare technology as both a solution to barriers posed by the current pandemic and a natural step toward increased access to care. Others point out inherent limitations of remote service delivery and question whether telehealth can deliver comparable quality to in-person services.

Clinical Outcomes

Fortunately, a large volume of research demonstrates that clinical outcomes with telehealth are as good or better than outcomes from typical care, with benefits concentrated in specific uses and for specific populations.[iii] A comprehensive review of over 950 studies of telehealth supports the use of telehealth for communicating and counseling patients with chronic conditions and providing psychotherapy as part of behavioral health.[iv]

Experience of People Receiving Virtual Services

Today, individuals and families participate in a wide range of services through a remote modality, whether video-conferencing, phone calls, or some combination.

Generally, both the recipients engaging in virtual services and professional staff indicate they experienced immediate value in the remote service delivery and hope this flexibility would remain as an option post-COVID-19.[v] Individuals receiving services and professionals describe that remote service delivery:

> "People that really struggled with transportation issues or with physical mobility issues are getting to engage in a way they never have." – Anon. Community Center Peer, June 4, 2020.

- increases convenience of services by alleviating need for childcare and cost of travel
- enhances positive outcomes by allowing for support at just the right moment and more frequently throughout the week
- encourages people to feel comfortable opening up because they are in their own home environment;
- increases consistency in participation by reducing no-shows, especially for people with physical mobility limitations or transportation issues
- increases intimacy of group sessions because interactive platforms allow connecting visually with people in their own space, with pets, artwork, and other meaningful objects becoming topics of conversation; and
- supports sharing resources readily at hand

Looking Ahead

We urge policy makers to consider ways in which we can enhance access with lessons learned from the COVID-19 response, including flexible use of technology to provide services beyond the COVID-19 pandemic environment. In fact, the COVID-19 experience creates an opportunity to consider the full range of options that practitioners and individuals accessing care may choose in deciding the mode of service delivery that is most clinically effective and responsive to individual choice.

We offer the following recommendations:

1. **Continue parity.** Continue reimbursement parity for all modes of remote service delivery for at least a period sufficient to determine whether substantial differences in cost exist
2. **Sustain flexibilities.** Sustain provider flexibilities to deliver services via remote technology, including audio-only options, when clinically appropriate and consistent with client choice during and after pandemic response
3. **Establish uniform standards**. Support state agency efforts to establish uniform standards for (a) determining cost-effectiveness and clinical effectiveness of services and procedures

delivered through remote technology and (b) consistency in billing codes and modifiers across Medicaid Managed Care Organizations to reduce administrative burden on providers, expedite reimbursements, and work toward administrative simplification for the system as a whole

4. **Increase access to broadband**. Increase access to remote service delivery by increasing access to broadband, especially in rural areas.

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[i] Mark É. Czeisler, Rashon I. Lane, Emiko Petrosky, *et al*. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-20, 2020. MMWR Morb Mortal Wkly Rep 2020;69.
[ii] Texas Council of Community Centers, Behavioral Health Consortium. COVID-19 Response Survey. (June 5, 2020).
[iii] Annette M. Totten, Marian S. McDonagh, and Jesse H. Wagner. The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic. White Paper Commentary. (Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University under Contract No. 290-2015-00009-I). AHRQ Publication No. 20-EHC015. Rockville, MD: Agency for Healthcare Research and Quality. May 2020.
[iv] *Id.*
[v] Texas Council of Community Centers. Transcript of Peer Support Call. June 4, 2020.